JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

ADAM TETI
Administrator

PAUL MEFFORD
Chief Administrative Officer

DEPARTMENT OF BUSINESS AND INDUSTRY

DIVISION OF INDUSTRIAL RELATIONS

MECHANICAL COMPLIANCE SECTION

APPLICATION FOR ISSUANCE OR RENEWAL OF A CERTIFICATE OF COMPETENCY TO WORK AS AN ELEVATOR SPECIAL INSPECTOR

PLEASE PRINT OR TYPE ☐ **Initial** ☐ **Renewal**

1. **Name of Applicant:** _____ **License No.** _____

   Date of Birth: _____ **Social Security Number:** _____

   Home Mailing Address:

   Street/Apt./PO Box: _____

   City: _____ **State:** _____ **Zip Code:** _____

   Telephone Number: _____

   Email Address: _____

2. **Name of Employer:** _____

   Employer Contact Name/Title: _____

   Employer Mailing Address:

   Street/Suite/PO Box: _____

   City: _____ **State:** _____ **Zip Code:**_____

   Telephone Number: _____

   Email Address: _____

FORM CONTINUES ON NEXT PAGE

3. **Employment Letter:** Applicant must supply a letter from an Authorized Inspection Agency stating that the applicant is employed by or affiliated with the Authorized Inspection Agency.

4. **Verification of Qualifications:** Applicant must provide verification that they hold a current Qualified Elevator Inspector certification issued by an organization that holds a QEI Certificate of Accreditation.

5. **Photograph:** Include a recent photograph. Photograph may be in digital format (.jpg, .gif, etc.) or may be a high-quality printed copy.

6. **License Fees:** INCLUDE a license fee of $150.00 for initial certification, or $75.00 for renewal. Certifications not renewed by their expiration date are expired and may not be renewed. Make check, cashier's check or money order payable to **Division of Industrial Relations.** No other forms of payment are authorized.

7. **Please read and sign the following statement:**

   I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with all requirements applicable under Nevada Revised Statues 455C and Nevada Administrative Code 455C.

_____ _____

Signature of Applicant **Date**

FORM CONTINUES ON NEXT PAGE

MANDATORY REQUIREMENT FOR LICENSING

Federal Welfare Reform, as implemented by the 1997 Session of the Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and for renewals. Please mark the appropriate response. Failure to complete this section will result in denial of the application.

☐ I am **NOT** subject to a court order for the support of a child.

☐ I **AM** subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ I am subject to a court order for the support of one or more children and **AM NOT** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

_____

Signature of Applicant

_____

Date

FORM CONTINUES ON NEXT PAGE

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE

Pursuant to NRS 353C.1965

All applicants MUST complete this section
Please select ONE option

☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada Business License Number: _____

☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.

☐ I do **NOT** have a Nevada business license number.

Information about the Nevada business license can be found on the Secretary of State's website at: http://nvsos.gov/.